

articular nerves, reacted on the spinal centres, modifying those centres from which depart the motor nerves, and those which preside over the nutrition of the muscles. These centres do not undergo a profound modification, the process simply consisting of a sort of inertia or stupor of the cellular neural elements. The treatment consists in the application of electricity in any of its forms.

W. R. BIRDSALL, M. D.

d.—MENTAL PATHOLOGY.

CRIMINAL LUNATICS.—Dr. Ferrier (*Brain*, April, 1882) calls attention to some peculiarities of the brain of a woman who had murdered her two children, and was in consequence confined in the Broadmoor Asylum. The case was not, strictly speaking, that of an insane criminal, and the cerebral changes, which were not teratological, were of interest only from their bearing on the localization theories of Ferrier. Dr. Charles K. Mills (*Medical and Surgical Reporter*, May 13, 1881) discusses the general subject of insane criminals incidentally, alluding to the results of investigations into the cerebral anatomy made by Benedikt, Osler, and himself. In the course of the paper he approvingly cites the conclusions of Lacassagne, Lebon, Kräpelin, and Ferri, mentioned in the January number of this JOURNAL, page 221.

THE INSANE ON CRIMINAL RESPONSIBILITY.—There was a discussion in the Hanwell Lunatic Asylum Debating Society, which consists of the patients of the asylum; on the question of the responsibility of the insane for murder. The view was pretty generally taken by the patients that the outside world was not mentally sound on this subject, and that insanity ought never to be a defence, because it is never so complete as to extinguish all sense of responsibility. To test responsibility, it was proposed to offer the lunatic committing a criminal act a red-hot poker, and by his grasping or not grasping it to determine his responsibility. One of the patients, who shot at the Queen, admitted that if the lunatic who had previously attempted the crime had been executed he would not have attempted it. During the Guiteau trial a lunatic in the New York City Asylum, who presented the same type of insanity as the assassin, whose case has already been partially described (JOURNAL OF NERVOUS AND MENTAL DISEASE, vol. vii,

page 641), who at times claimed to be inspired, but who was far more dangerous in some respects than Guiteau, as he had power of forming combinations of lunatics, was interviewed on the Guiteau case by a reporter, and said that the assassin was taking advantage of the insanity plea, and that all such lunatics should be hung. Freeman, the Pocasset lunatic murderer, has said that punishment would have no effect on other lunatics.

ATHETOSIS IN THE INSANE.—Dr. R. B. Mitchell (*Edinburgh Medical Journal*, May, 1882) reports two cases of athetosis and athetoid movements as occurring among the epileptic insane. The first case corresponds with Dr. Hammond's cases. There is inability to retain the fingers and toes in any position in which they may be placed, and there is almost continual motion of them, except during deep sleep. The first case is one of "secondary" dementia and double athetosis. In the second case there are grotesque motions of the fingers and also inability to retain them in a fixed position, but the movements are not continuous. The psychical features were those of the average epileptic lunatic.

ACUTE DEMENTIA IN AN OLD MAN.—Dr. C. H. Hughes (*Alienist and Neurologist*, April, 1882) reports a case of what he denominates acute dementia in a man aged 64. The case is reported as having recovered, but not without straining can the case be called acute dementia, or the result recovery. The psychical phenomena related seem rather to indicate senile dementia, somewhat modified by treatment.

PSYCHOSES AFTER CEREBRAL HEMORRHAGE.—Mendel (*Deutsche medicinische Wochenschrift*, No. 3, 1882) claims that the most frequent form of psychical disturbance after cerebral hemorrhage, is a mental debility in all degrees, from slowly acquired haziness of intellect to the most profound dementia. In another class of cases, intelligence seems but slightly impaired, and frequently indeed exhibits no defects, but the patient becomes irritable, easily moved to tears, at times remaining unaffected under the most trying circumstances. There is a third form of psychical disturbance. Dr. Mendel has seen it but five times in patients suffering with right hemiplegia. In these cases, besides the psychical disturbances described above, there were developed hallu-

cinations. The three cases contributed by Mendel recovered, but a slightly defective memory was left. That progressive paresis may develop as the result of cerebral hemorrhage has been often affirmed, but Dr. Mendel is of opinion that no positive conclusion can be drawn with regard to the relation between these two conditions. Mendel's cases do not, however, seem to have been sufficiently long observed to enable him to pronounce so positively that progressive paresis does result; there can be no doubt but it is certainly less frequent than has generally been claimed, as in many instances the cerebral hemorrhage is either a complication or the result of pre-existent progressive paresis.

INSANITY IN CHILDREN.—Magnan (*Journal de médecine et de chirurgie pratiques*, April, 1882) describes a case of insanity in a child four years old. The child was born during the exciting scenes of the siege of 1870. The paternal grandmother had presented many mental peculiarities, and became demonstrably insane at the age of 50. The father, who entered the asylum at the same time with his son, had, at the age of 28, delusions of persecution, and made an attempt at suicide. His son, the patient in question, was liable to sudden fits of anger, and at such times would strike his head against the walls. At the age of four he became markedly melancholiac, and, like the majority of insane children, had marked casual hallucinations, and made an attempt at suicide. The melancholia was a true melancholia and not a hypochondriacal condition.

MORAL INSANITY AND IMBECILITY.—Magnan (*Journal de médecine et de chirurgie pratiques*, April, 1882) reports a case of moral insanity of a distinctly marked type, which is sufficiently distinctive and clearly outlined to dispose of the cant that "moral insanity is unknown to medical science," which, at the Guiteau trial, emanated from a physician who was made an alienist expert during the journey from New York to Washington, by being diligently coached by a lawyer. The question of moral imbecility has some light thrown upon it by certain instructions given by Voisin (*Bulletin générale de thérapeutique médicale et chirurgicale*, March 30, 1882), who claims that affection, benevolence, and shame are very frequently absent among idiots and backward children, and only to be developed by careful tuition.

GUITEAU'S INSANITY.—The vexed question of Guiteau's mental condition is still being passed under survey. Under the title, Guiteau mania, the *British Medical Journal* (June 24, 1882) discusses the psychological condition of Guiteau, or, rather, the conclusions of Dr. Hammond and Campagne. This editorial is marked by that same dilettante spirit that caused the *Journal* to make folie circulaire a variety of dementia. The animadversions against Campagne are supported, not by quotations from any one, but by eulogisms on Turner, Howe, and a few other comparative anatomists, who have never set themselves up as cerebral teratologists. The *British Medical Journal* seems to forget that "on the other side of the mountain there are men also," and that Campagne's conclusions are supported by Meynert, Schüle, Meyer, Morel, Krafft-Ebing, Sander, Jensen, Stark, Muhr, not to speak of Spitzka, the results of whose labors received the Tuke prize of the British Medico-Psychological Association.

The *Journal of Mental Science* (July, 1882) also makes some very strong assertions that the theory of insanity was not sustained by the evidence (p. 237), and then concludes by saying: "We have in these observations confined ourselves to the question of Guiteau's responsibility." Then follows: "No physiognomist can look at the outlines of the face and head depicted in the remarkable photographs which accompany Folsom's paper, without recognizing something extraordinary. They must mean something." The article patronizingly treats the able papers of Channing and Folsom as being fair, etc., but accepts the garbled extracts from the *Journal of Insanity* (April, 1882) as authority. It cannot be said that this review of the evidence in the Guiteau case is worthy the *Journal of Mental Science*. The remarks about Guiteau's head have a remarkably dilettanteish sound. The article might have been written by the deviser of the plate in the April number, who labels the same body on one side of the plate "cornua ammonis," and on the other "choroid plexus." Dr. H. P. Stearns (*Archives of Medicine*, June, 1882) also examines Guiteau's mental condition. He commences by making platitudinous assertions, and bringing into account the absurd change of character theory, which hangs like a mill-stone around the neck of so many alienists. He says: "I certainly fail to find that at any particular period of his life there was any such marked change of character as evinced a pathological condition of his brain." Dr. Stearns in the whole article failed to realize what cerebral pathology means, and he has no conception of the possibility of

lunatics feigning insanity. The article reads as if written by one who had read nothing on insanity, or had no experience. His very statements, respecting Guiteau's motives for the act, show one of two things, either that Dr. Stearns believes that Americans have sunk so low that they would condone assassination for party reasons, or else that the doctor has had considerable experience with a class of beings who committed crimes for very absurd and trivial motives. Such statements as these will be looked upon by every true alienist as absurd. "The love of notoriety has little, if any, influence with the insane. Persons whose brains are so much diseased are not in a condition to be much influenced by it." The best commentary on all these Guiteau articles is that made by Dr. N. Folsom (*New York Medical Journal*, June, 1882), that no one who is capable of judging, and who is not determined to think Guiteau sane, can do otherwise than regard him as a lunatic.

Dr. C. F. Folsom (*American Law Review*, February, 1882) discusses the question of the responsibility of Guiteau. The doctor regards Guiteau as having presented some symptoms "sufficient to create a suspicion of organic disease of the brain, which, although as yet in an early stage, may be of such an extent to create an excessive exaltation with extravagant delusions, and to involve probably as complete irresponsibility as is found in any form of insanity; a question which time alone could settle, and which the previous existence of syphilis renders more probable, as the two diseases are often associated." "From the history of the case it is not impossible that there have been at different times, with intervals of several years, recurrent attacks of mania of a form not rare in private practice; a form just severe enough to render asylum treatment desirable, but difficult to enforce." "Again, it may be maintained that a bad inherited organization, worse training in boyhood and youth, the pernicious effects of free love and communism during the six early years of manhood, extreme self-will knowing no law but self-indulgence, general moral obliquity, and entire want of sympathy with society, may have led on from one step to another a man whose ambition knew no bounds, whose love of notoriety was only equalled by his cunning and unscrupulousness, and who finally, in one desperate act, risked his worthless life on the small chance of escaping the just penalty of his deed." The statement, "that the whole manner of the man must have convinced any one familiar with insanity that the theories of inspiration and impulse were only after-

thoughts," seems a little too strongly put, for at least two of the experts looked upon the claim of inspiration as a premature explosion of a systematized delusion, and in the opinion of the two experts referred to, such delusions are of relatively slow growth, and if from such causes as occurred in the Guiteau case such explosion happened the imperfectly formed delusion would present the phenomena observed in the present case. Dr. Folsom says: "It can hardly be claimed that the act was purely the outcome of an insane mind, and that the insanity wholly caused it. I should rather place it in the same category with the deliberate murder of a hated insane asylum superintendent by a patient who hoped thereby to change the whole hospital management, secure freedom, and escape punishment. In that case the responsibility might be easily measured." Dr. Folsom's final conclusion is certainly one of the soundest which could be taken on the question. "My own opinion is very decided that Guiteau is an insane man, that he would have been thought a proper subject for detention in an insane asylum half a dozen years ago if he had been sent there, and that once committed, he would not have been discharged to entire freedom by the advice of the medical officers. His responsibility is not so easily determined. It is my opinion, without insanity the assassination would not have been attempted. With Guiteau's amount of insanity alone the crime would have been equally impossible." The autopsy seemed, in some respects, to confirm Dr. Folsom's diagnosis, but it was not made under circumstances favorable to the demonstration of all the problems involved in the case.

Dr. Channing (*Boston Medical and Surgical Journal*, March 30, 1882) gives a very exact and detailed account of the assassin's history, and in his analysis of the psychological status of Guiteau, is much more in accordance with science than Dr. Folsom. Dr. Channing says, speaking with reference to Guiteau's conception to remove the President: "It was, further, an insane belief or delusion that Guiteau entertained, that there was a 'political necessity' to destroy the President to save the country from civil war, and no sane mind would have reasoned itself into the belief that murder would have averted the crisis. The most stupid of men would have seen that the murder of the President would inflict an injury a thousand times greater to the country, than such a controversy as was going on between a small number of men in the Republican party. The strength and absurdity of this delusion are shown by the confidence that Guiteau felt that he should receive support

from the Stalwarts, and be honored as a patriot when his true motives were known.

"The conduct of Guiteau in court affords, to my mind, strong corroborative proof of his mental unsoundness. He showed himself to be quick-witted, sharp, gifted with an excellent memory, unscrupulous, uncontrolled in temper, and almost entirely lacking in judgment and discretion. His controlling idea seemed to be to guard his reputation as a man of purity, ability, high attainments, Christian virtues, and political importance. It made no difference what was said on either side; no matter whether it injured his case or helped it; whether it insulted his counsel or the other side. Hit or miss; friend or foe; with the true indifference of the lunatic he made his criticisms. The dignity of the court-room; the threats of the judge and bailiffs, of the district-attorney, or the United States marshal,—he was indifferent to all. That instinct in the human breast which makes us bow before the majesty of the Law and tremble at her bidding, was not within him. With the volubility and lack of self-control of the insane man, his voice was heard above all others; and it must be remembered that this was the case, from the beginning to the end of the trial, with everybody, and nothing could have silenced him in all probability. An exhibition in all ways so extraordinary as the conduct of Guiteau at his trial, is not, to my knowledge, on record; and it is not too much to say, that it would be a disgrace to American jurisprudence were it not explainable on the ground of insanity.

"The trial reminded me of what a trial might be, if a patient with chronic mania were brought in from an asylum, and tried for murder. Provided he were a bright, intelligent man with delusions of self-importance, of such a nature that they had had a bearing on the crime of which he had been guilty, his conduct might have been in many ways similar to that of Guiteau.

"In the way Guiteau uses his writings he resembles also many of the lunatics who possess this mania for writing, especially those who have an exalted form of mania. These persons address voluminous documents to various distinguished personages, and, though they are never answered, the writers seem perfectly satisfied. They often carry extensive petitions or letters in their pockets, and entrust them to any visitor they may see to take them to the President or other important person. For years they will continue to forward these documents, expressing but little regret at getting no response. The mere act of writing seems sufficient to satisfy the ambitious desire of the writer, and the changing under-

current of his delusion, renders him oblivious to the ordinary course followed in letter-writing. I have known lunatics who have carried numerous documents on their person, concealed them in all sorts of out-of-the-way places, and sent them out of the asylum openly and surreptitiously on every opportunity, who would not have been recognized as insane had they not possessed this writing mania. In these letters, addresses, or proclamations, their delusions would generally show themselves.

"Guiteau followed the usual course of these maniacs, and was equally ready on every available occasion to produce some document, letter, or pamphlet wherein was plainly shown the truth of all his claims. He seemed never to be more supremely happy than when he had an opportunity to show or to read from these writings. Forgetting himself for the moment, he became carried away by his own eloquence. Perhaps no better example of the insane use to which Guiteau put his documents, or his manner of so doing, can be cited, than when he left his speech with Garfield, marking 'Paris' at the end. That speech, he thought, was enough to open the doors of paradise, and a comparatively small man like the President of the United States would certainly be overawed by it. It was hardly necessary, after this proof of his ability, to say any thing more about his application for office, but he would mark 'Paris' as a delicate reminder of his preference for the French consulate."

As alienists Dr. Folsom and Dr. Channing are certainly to be congratulated upon the scientific position both have taken. There are differences between them, but the differences are those certainly allowable in the case.

Dr. Samuel Worcester (*New England Medical Gazette*, April, 1882) discusses the mental status of Guiteau, or rather his own position as alienist expert thereon. No other criticism can be passed upon this article than the French proverb "*qui s'excuse s'accuse*."

Concerning Guiteau, Dr. Mills (*Medical and Surgical Reporter*, May 13, 1881) says that the weight of evidence is, on the whole, in favor of his insanity. He also says that the crucial question in all cases of doubtful responsibility is: "Could he help committing the crime?" The doctor is inclined to believe that Guiteau was a case of affective, or so-called moral insanity. The article, from its scientific spirit, is in delightful contrast with the cant that has emanated from many of the Philadelphia journals, noticeably the *Medical News*.

SURGERY AMONG THE INSANE.—In an article evidently suggested by that of Dr. Hagenbach (*JOURNAL OF NERVOUS AND MENTAL DISEASE*, January, 1881), Dr. Schüle calls attention to the tendency among the insane to self-mutilation, and the relations this has to eroticism; the anus, testicles, and penis among the males being severe sufferers. The vagina in females is, Schüle remarks, a general receptacle for stones, glass, splinters, hair-pins, needles, teeth of combs, and serious surgical complications thus arise.

UNILATERAL AURAL HALLUCINATIONS.—Dr. Règeis (*Annales médico-psychologiques*, May, 1882) reports a case in which unilateral hallucinations resulted in consequence, apparently, of chronic inflammation of the middle ear. The patient is said by Dr. Règeis to be not truly insane, although he was at times suicidal and violent. Yet he failed temporarily to recognize the unreality of his aural hallucinations. Dr. Règeis says that he was sane other than that his intelligence was diminished by an attack of typhoid fever. The patient recognized that the hallucination resulted from his aural disease, but to do this, extraneous evidence was necessary. The case does not demonstrate what is claimed for it by Ball and Règeis, nor is it by any means new or exceptional, and it is decidedly impure. As was remarked by Dr. Blanche, the fact that the patient had temporary attacks of violence and suicidal impulses should render the case doubtful. The doctrine of Ball and Règeis is that of amateur alienists, and is likely to swell the number of homicides by leading to numerous aural operations, and thus to less surveillance of hallucinated individuals.

LEGAL RESPONSIBILITY OF THE FEEBLE-MINDED.—Dr. Foville (*Annales médico-psychologiques*, May, 1882) discusses the question of how far irresponsibility results from feeble-mindedness, and comes to the very sound conclusion that complete irresponsibility should not be extended to this class, but that each case should be judged on its merits rather than on any broad general principle. That this class is completely responsible few will be inclined to claim, but the same objection exists to their being held completely irresponsible.

PROGRESSIVE PARESIS.—Dr. Cullere (*Annales médico-psychologiques*, May, 1882), after an extended examination of progressive

paresis, or, as he prefers to call it, dementia paralytica, in its relations to arterial atheroma and yellow softening, comes to the following conclusions: First, there exists a form of progressive paresis which is characterized at one and the same time by the ordinary lesions of meningo-encephalitis, and by those of cerebral senility, atheroma, miliary aneurisms, and patches of yellow softening. It is developed at an advanced age, follows a more or less slow course, and may rapidly terminate at the end of a congestive attack accompanied by acute maniacal excitement. It may be diagnosed during life, by aid of the sphygmograph and aortic auscultation. The psychical and somatic symptoms waver between those of senile dementia and progressive paresis. Secondly, among certain senile dementes there occur congestive attacks, which lead to inflammation of the cerebral cortex, and produce lesions, macroscopic at least, of progressive paresis. These fluxionary changes retrocede at times, and the symptoms of progressive paresis disappear, to give free play to those of organic dementia.

HALLUCINATIONS.—There have been of late such persistent attempts to lay too great stress on the sensorial basis of hallucinations by Ball and others, that it is pleasant to find that certain French alienists are beginning to make protests against this psychologically dangerous doctrine. Dr. V. Parant (*Annales medico-psychologiques*, May, 1882) comes to the conclusion that in certain cases the senses and intelligence play each a part in the production of hallucinations, but that there are frequent hallucinations which are of purely psychic origin. He calls attention to the fact that hallucinations are not infrequently the result of an unconscious volition.

INSANITY OF MASTURBATION.—Under this title, Dr C. B. Burr (*Transactions Michigan State Medical Society*, 1882) discusses the type of insanity which Kahlbaum calls hebephrenia, and which is really not an insanity due to masturbation, but arises from the mental condition of the individual is subject to during the evolution going on during puberty. Dr. Burr gives a very clear description of the symptoms, and calls attention to the fact, which was so strikingly ignored by the government experts in the Guiteau case, that sexual ideas and religious delusions are almost concomitant. He refers this, like Skae, to the influence of

remorse, an explanation which will scarcely hold water. Sexuality and religion both belong to the sphere of the emotions, and in the close relation between these is found the explanation of the religious motives of sexual lunatics. Dr. Burr gives the following symptoms of hebephrenia: 1. An intense vanity or self-love. 2. Extreme selfishness and disregard for others. 3. Religious delusions and perverted moral sentiments. 4. Delusions referable to the sexual system. 5. Aural and visual hallucinations of a certain definite character. 6. Emotional disturbances. 7. Homicidal and violent impulses. 8. Physical disorders referable to an impaired nervous system. Certain of Dr. Burr's cases are not hebephrenia, but are clearly cases of original monomania (*primäre Verrücktheit*; *manie raisonnante*).

TYPHOID FEVER AMONG THE INSANE.—Dr. C. M. Campbell (*Journal of Mental Science*, July, 1882) has recently studied the effects of typhoid fever on twenty-two cases of insanity. The results were as follow: The mental convalescence of two patients was not unfavorably influenced by the attack of fever. In one case there had been no mental improvement up to the time of the attack of fever; decided improvement commenced during its course, and proceeded with physical convalescence to complete mental recovery. The mental recovery in a progressive parietic commenced during the latter part of the fever, and proceeded so far as to admit of her returning home. Mental recovery in two cases in which the prognosis had become unfavorable began during the attack of fever. In four cases there was marked improvement. In ten cases the fever exerted no marked influence. One case died; in this one there was marked congenital defect.

PRIMARY MONOMANIA.—Dr. G. Buccola (*Revista Sperimentale di Freniatria e di Medicina Legale*, Anno viii, Fascicolo 1 and 2) discusses, under the caption of primitive systematized insanity, the *primäre Verrücktheit* of the Germans. According to him there are four great groups of this form of insanity: First, systematized insanity of the hypochondriacal variety. Second, systematized insanity of the chronic type. Third, systematized insanity of the acute type; and fourth, systematized insanity of the peculiarly primitive or original type. The so-called acute form of *primäre Verrücktheit* is really a type in which the psychological phenomena are periodic or episodial in character. He is not

inclined, like Westphal, to regard katatonia as a variety of primäre Verrücktheit, and very properly, since such views tend to extend the term primäre Verrücktheit till it and insanity are synonymous. He is inclined to regard with favor the view which puts the true primäre or rather originäre Verrücktheit into the group of insanities due to teratological defect.

PROGNOSIS IN INSANITY.—Dr. D. G. Thomson (*Journal of Mental Science*, July, 1882) discusses the prognosis of insanity in which he claims that the chances of recovery are much greater if the patient "be entirely removed from the causes and associations of the onset of the attack, and placed in a good asylum where discipline, enforced open-air exercise, and, above all, novelty from change of scene and faces, stimulate lethargy, or calm excitement." These statements are too positive; there is a large number of acute cases where asylum treatment is imperatively indicated, but there are also cases where it is imperatively contradicted as being positively injurious. The indications will be found in the persons by whom the patient is surrounded. Dr. Thomson seems to be unaware that it frequently happens that acute attacks of insanity occurring in hereditarily predisposed cases have an excellent prognosis as regards the immediate attack. The influence of sex on the prognosis of insanity is, he thinks, not very decided. The classification adopted by him is the crude ætiological one of Skae. Under melancholia Dr. Thomson includes many different states. He is inclined to believe that simple melancholia should recover in from six to twelve weeks, and that the prognosis is favorable.

PARTIAL MANIA OF PERSECUTION.—Under this title Dr. Gélé (*Revista Frenopatica Barcelonesa*, May, 1882) describes two well-marked cases of monomania (primäre Verrücktheit) with ideas of persecution evidently resulting from pre-existing grandiose delusions. These delusions of persecution were more or less systematized, and had produced an actual melancholia which might well be termed an instance of one psychosis complicating another.

HOMŒOPATHIC TREATMENT OF INSANITY.—Dr. S. H. Talcott (*New England Medical Gazette*, May, 1882) claims that of the 1,100 patients who have been treated at the Homœopathic Insane Asylum at Middletown since 1874, 45 persons have been re-

stored to health, and the death-rate has been but $4\frac{1}{2}$ per cent. As Dr. Earle has shown, ordinary asylum statistics of recovery contain enormous elements of error, and how great these must be in the present case may be easily imagined when it is recollected that the first superintendent of this asylum was appointed, despite the law to the contrary, without previous experience with insanity. Dr. Talcott informed one of the experts at Washington that he *tried* to use only homœopathic treatment in the asylum in order to comply with the law. The article of Dr. Talcott gives no details other than the statistics cited. In contrast with Dr. Talcott's claims are the results of homœopathic treatment in the Camden County Insane Asylum. After six months' trial the treatment was decided to be a failure, and was so admitted by the homœopathic superintendent (*Boston Medical & Surgical Journal*, March 18, 1880), who said that a case of epilepsy had 1,000 fits in six weeks under homœopathic treatment. In this connection it should be remembered that Hahnemann was at one time in charge of an insane asylum for six months, and curiously enough was somewhat in advance of his time in using restraint but very moderately, and treating the insane kindly.

INSANITY CURED BY ERYSIPELAS.—Dr. Fritsch (*Fahrbücher für Psychiatrie*, Band iii, Heft 3) reports two cases of what seem to be melancholia, which recovered after being attacked by a delirium resulting from erysipelas. The first case had markedly depressing delusions but no hallucinations. The second case had both hallucinations of hearing voices through a telephone and depressing delusions. The second case seemed to have systematized hallucinations, and although Fritsch says she was cured, she continued to be "nervous." It is probable that she was a case of monomania, and the supposed recovery, a remission due to the erysipelas. He also reports a case of progressive paresis, which was markedly improved by erysipelas. Fritsch's cases are not exceptional, as similar ones have been reported by Esquirol, Sponholz, Nasse, and Macleod. That acute febrile disturbances sometimes exert a favorable influence on insanity has long been known. Cases of insanity which were improved by the fever from rheumatism have been reported in the *JOURNAL OF NERVOUS AND MENTAL DISEASE*, vol. viii, p. 241.

HYOSCYAMINE IN PSYCHIATRY is discussed by Dr. Charles Hughes (*Alienist and Neurologist*, April, 1882), who comes to

the conclusion that hyoscyamine is especially indicated in delirium, and more particularly in the young and middle-aged rather than the aged.

MELANCHOLIA CURED BY QUININE.—Dr. Baillarger (*Annales medico-psychologiques*, May, 1882) reports a case in which melancholia, coming on at the time of menstruation, and therefore displaying an intermittent type, was cured by 75 centigrammes of quinine. That the drug might be of value there can be but little doubt; its effects are somewhat opposed to those of melancholia. That, however, an indication was found for its use in the intermittent type of the disease, seems to indicate, in view of the complex nature of the psychoses, a very narrow way of reasoning respecting therapeutics.

CURABILITY OF INSANITY.—Dr. Gén   (*Revista Frenopatica Barcelonesa*, May, 1882) says that ecstasy, by which he understands not only the ecstasy which ordinarily receives that designation, but also various psychoses of which ecstasy (or what from his description is melancholia attonita) forms a part, mania, and melancholia are the only curable forms of insanity. Ecstasy is as curable as mania, and much more curable than melancholia. Uncomplicated ecstasy is by far the most curable of all the types of ecstasy. Simple melancholia is much more curable than with delusions and with aberrations of the will. Acute mania with agitation is more curable than the other types of mania, especially than mania with delusions. It is obvious from this that the various types of insanity are not clearly demarcated by Dr. Gén  . In a general way his conclusions support those of others previously recorded.

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J. G. KIERNAN, M. D.

e.—THERAPEUTICS OF THE NERVOUS SYSTEM.

PILOCARPINE IN HYSTERICAL HEMIANÆSTHESIA.—*Fourn. de méd. et de chirurg.* (*Lond. Med. Record*, June 15, 1882.)

Huchard reports two cases of hemianæsthesia cured, and one case of general anæsthesia changed to a hemianæsthesia, by the use of pilocarpine. No return of the anæsthesia was noted after the lapse of two weeks. The nitrate was used hypodermically at intervals of two days; the dose not stated.

PILOCARPINE IN HYDROPHOBIA.—*Prog. méd.*, June 17, 1882. Denis-Dumont (de Caen) reports a case of undoubted rabies apparently cured by subcutaneous injection of nitrate of pilocarpine. Dose not given.

ARTIFICIAL FEEDING IN NERVOUS VOMITING.—*Prog. méd.*, June 17, 1882. Ballet reports two cases of nervous vomiting thus treated and cured. He found that while very small quantities of milk, when swallowed, were immediately vomited, a litre or more when introduced by the œsophageal tube was retained. After a while the stomach became tolerant of milk when swallowed, and the recovery was speedy.

NITRITE OF SODIUM IN THE TREATMENT OF EPILEPSY.—*Practitioner*, June, 1882. W. T. Law treated a bad case of epilepsy with the following results:

No. of weeks.	No. of attacks.	Treatment.
14½	28	Bromides of potassium, sodium, and ammonium.
4½	9	Borax.
23	26	Bromides, with alternations of iron and aloes.
22	15	Bromides, with belladonna.
14	3	Nitrite of sodium in 1.20 doses; frequency not stated.